

pected the attending physician should inform the provincial department of health, which will be responsible for contacting the Botulism Reference Centre and requesting laboratory diagnostic tests and advice on treatment.

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2. BOWMER EJ, LIPSON F: Botulism. *Epidemiol Bull* 17: 3, 1973
3. BOWMER EJ: Food poisoning. *Ibid*, p 10
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5. BOWMER EJ, FROSH J, TODD EC: Suspected botulism proves to be staphylococcal food poisoning. *Ibid*, p 27
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Life devoid of value?

To the editor: Many proabortion arguments have been made, one of which I cannot help but comment on. It is as follows: Every child is entitled, at birth, not only to mother-love, but to adequate food, clothing and shelter, and therefore, an unborn child who may be deprived of these birthrights by an unloving or impoverished mother should be aborted. In short, it was argued, A should be killed because if A lives, B may deny A the things to which A is entitled.

The argument gives the idea that a human being loses his right to life when either his relatives or society think he would be "better off dead" or his relatives or society would be economically better off without him.

In "The Release of the Destruction of Life Devoid of Value"¹ Hoche, a distinguished psychiatrist, and Binding, a highly respected jurist, persuasively developed the concept of "worthless human beings", such as the hopelessly crippled, deformed and insane. They stressed the misery and futility of such unfortunate lives and the cruel economic burden they represented to their relatives and society.

Launched in the 1920s as a humane undertaking, the "life devoid of value" program by 1935 had resulted in the sterilization of 375 000 Germans and the "merciful killing" of more than 250 000 others. It ended in the 1940s with the slaughter of 6 million Jews, who were considered "devoid of value" and parasites on the German economy by the Nazis.

Both the US Supreme Court decision of Jan. 22, 1973, which denied the right of the unborn to life on grounds that a child who cannot live outside the womb is not "fully human" or "capable of meaningful life", and the legalization of abortion by the Canadian Parliament in 1969 have laid the foundation for the legalization of euthanasia, or the killing of people medically judged to be "incapable of meaningful life", such as mongoloid idiots, imbeciles, the terminally ill, persons with senile melancholia, stroke victims living like "vegetables", and — well, the sort of people, besides unwanted babies, who would be "better off dead".

Be patient: euthanasia is coming. As political tensions increase, economic demands of the people in a declining economy grow fiercer, and taxes for support of the "unwanted" grow higher, the list of the legally wasteable will grow longer.

And who knows? One day you may find yourself on it.²

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1. HOCHÉ A, BINDING K: *The Release of the Destruction of Life Devoid of Value*, re-edited by SASSONE RL, Leipzig, Germany, Felix Meiner, 1920
2. BOOTHE LUCE C: Idea of life without value not new in Western world (reprinted from *Honolulu Advertiser*). *National Right to Life News* 10: 3, 1976

Incorrect figure cited

To the editor: In the article "Increase in number and pay of salaried physicians associated with increase in status within profession" (*Can Med Assoc J* 115: 162, 1976) figures are cited as the settlement arrived at in British Columbia for salaried physicians. The figure of \$47 097 and up is given for a medical specialist III. This is incorrect. It is my understanding that this figure was mentioned during negotiations, but the figure agreed upon and effective Apr. 1, 1974 was \$43 608 and up, although no salary increases in excess of that figure have been approved.

The final sentence of the same paragraph containing the statement quoted reads, "New ranges were to be negotiated for implementation as of Apr. 1, 1976." This is also incorrect, as new ranges were to be negotiated for implementation as of Apr. 1, 1975. This will, of course, mean a retroactive adjustment in these salaries.

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BENTYLOL® (dicyclomine hydrochloride USP)

Tablets, Capsules, Syrup, Injection
Antispasmodic

DESCRIPTION

For antispasmodic action alone

1. Bentytol 10 mg capsules: 10 mg dicyclomine hydrochloride USP in each blue capsule.
2. Bentytol 20 mg tablets: 20 mg dicyclomine hydrochloride USP in each blue tablet.
3. Bentytol syrup: 10 mg dicyclomine hydrochloride USP in each teaspoonful (5 ml) pink syrup.
4. Bentytol Injection: Ampoule—2 ml. Each ml contains 10 mg dicyclomine hydrochloride USP, in water for injection, made isotonic with sodium chloride.

Vial—10 ml. Each ml contains 10 mg dicyclomine hydrochloride USP, in water for injection, made isotonic with sodium chloride. 0.5% chlorobutanol hydrous (chloral derivative) added as a preservative.

For antispasmodic action plus sedation

1. Bentytol 10 mg with Phenobarbital capsules: 10 mg dicyclomine hydrochloride USP and 15 mg phenobarbital in each blue and white capsule.
2. Bentytol 20 mg with Phenobarbital tablets: 20 mg dicyclomine hydrochloride USP and 15 mg phenobarbital in each white tablet.
3. Bentytol with Phenobarbital syrup: 10 mg dicyclomine hydrochloride USP and 15 mg phenobarbital in each teaspoonful (5 ml) of amber syrup. Alcohol 19%.

ACTIONS

Antispasmodic. Bentytol has a direct relaxant effect on the smooth muscle of the gastrointestinal tract as well as a depressant effect on parasympathetic function. These dual actions produce relief of spasm with minimum atropine-like effects. Phenobarbital exerts a sedative effect.

INDICATIONS AND CLINICAL USE

Oral dosage forms

1. Symptomatic control of functional gastrointestinal disorders. Primary condition diagnosed as: chronic irritable colon, spastic constipation, mucous colitis, pylorospasm, biliary dyskinesia, or spastic colitis. Bentytol is effectively used to treat symptoms of these conditions such as: abdominal cramps and pain, gas or belching, flatulence, and diarrhoea.
2. Gastrointestinal spasm secondary to organic diseases, such as: peptic ulcer, hiatal hernia, esophagitis, gastritis, duodenitis, cholecystitis, diverticulitis, and chronic ulcerative colitis.
3. Infant colic (syrup form only)

Injectable form

Symptomatic treatment of the above conditions in adults when a rapid onset of therapeutic action is desired or when persistent nausea and vomiting preclude the use of oral administration.

CONTRAINDICATIONS

Dicyclomine hydrochloride is contraindicated in patients with frank urinary retention, stenosing peptic ulcer, and pyloric or duodenal obstruction.

WARNING

Phenobarbital may be habit forming.

PRECAUTION

Although studies have failed to demonstrate adverse effects of dicyclomine hydrochloride in glaucoma, it should be prescribed with caution in patients known to have or suspected of having glaucoma.

ADVERSE REACTIONS

Adverse reactions seldom occur with dicyclomine hydrochloride; however, in susceptible individuals, atropine-like effects such as dry mouth or thirst and dizziness may occur. On rare occasions, fatigue, sedation, blurred vision, rash, constipation, anorexia, nausea and vomiting, headache, impotence, and urinary retention have also been reported.

With the injectable form there may be a temporary sensation of lightheadedness and occasionally local irritation.

SYMPTOMS AND TREATMENT OF OVERDOSE

The signs and symptoms of overdose are headache, nausea, vomiting, blurred vision, dilated pupils, hot, dry skin, dizziness, dryness of the mouth, difficulty in swallowing, CNS stimulation. Treatment should consist of gastric lavage, emetics, and activated charcoal. Barbiturates may be used either orally or intramuscularly for sedation but they should not be used if Bentytol with Phenobarbital has been ingested. If indicated, parenteral cholinergic agents such as Urecholine® (bethanecol chloride USP) should be used.

DOSAGE AND ADMINISTRATION

Bentytol 10 mg capsules and syrup (plain and with phenobarbital):

Adults: 1 or 2 capsules or teaspoonfuls of syrup three or four times daily.

Children: 1 capsule or 1 teaspoonful of syrup three or four times daily.

Infants: ½ teaspoonful of syrup three or four times daily. (May be diluted with an equal volume of water.)

Bentytol 20 mg tablets (plain and with phenobarbital):

Adults: 1 tablet three or four times daily.

Bentytol Injection:

Adults: 2 ml (20 mg) every four to six hours intramuscularly only.

NOT FOR INTRAVENOUS USE.

DOSAGE FORMS

- 10 mg Capsules
- Bottles of 100 and 500
- 10 mg Capsules with Phenobarbital
- Bottles of 24, 100, and 500
- 20 mg Tablets
- Bottles of 100
- 20 mg Tablets with Phenobarbital
- Bottles of 24 and 100
- Syrup (plain and with phenobarbital)
- Bottles of 8 fl oz
- Injection
- 2 ml ampoules and 10 ml multiple dose vials

Product Information as of March, 1976

Merrell

THE WM. S. MERRELL COMPANY
Division of Richardson-Merrell (Canada) Ltd.,
Weston, Ontario. M9L 1R9

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